

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4001**  
Registrar's No. **215**

|                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                              |  |                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                                                     |  | REG. DIST. NO. <b>42</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  | PRIMARY REG. DIST. NO. <b>4055</b>                                                                                                           |  | Registrar's No. <b>215</b>                                                          |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Easton Town</b>                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Easton</b>                                                           |  |                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. *****                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | d. STREET ADDRESS (If rural, give location) <b>( )</b>                                                                                       |  |                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>BENJAMIN</b>                                                                                                                                                                                                                              |  | a. (First)                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | b. (Middle) <b>FRANKLIN</b>                                                                                                                  |  | c. (Last) <b>KERNS</b>                                                              |  |
| 4. DATE OF DEATH<br>Month <b>2</b> Day <b>20</b> Year <b>50</b>                                                                                                                                                                                                                     |  | 5. SEX <b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 6. COLOR OR RACE <b>White</b>                                                                                                                |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>              |  |
| 8. DATE OF BIRTH <b>11-10-1865</b>                                                                                                                                                                                                                                                  |  | 9. AGE (In years last birthday) <b>84</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  | 10. MONTH <b>8</b> DAY <b>4</b> YEAR <b>50</b>                                                                                               |  | 11. BIRTHPLACE (State or foreign country) <b>Easton, Mo.</b>                        |  |
| 12. COUNTRY OF WHAT COUNTRY? <b>U S A</b>                                                                                                                                                                                                                                           |  | 13a. FATHER'S NAME <b>WILLIAM KERNS</b>                                                                                                                                                                                                                                                                                                                                                                                                     |  | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Degal</b>                                                                                             |  | 14. NAME OF HUSBAND OR WIFE <b>Mary Ellen Kerns</b>                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>                                                                                                                                                                                                         |  | 16. SOCIAL SECURITY NO. <b>none</b>                                                                                                                                                                                                                                                                                                                                                                                                         |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mary Ellen Kerns</b>                                                                                    |  | ADDRESS <b>Easton, Mo.</b>                                                          |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b><br>ANTECEDENT CAUSES <b>Arterio Sclerosis</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                              |  | INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b><br><br><b>2 yr</b><br><br><b>331X</b> |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                              |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                              |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                                                                            |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                                                                    |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                                              |  |                                                                                     |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)                                                                                                                                                                                                                               |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      |  | 21f. HOW DID INJURY OCCUR?                                                                                                                   |  |                                                                                     |  |
| 22. I hereby certify that I attended the deceased from <b>May</b> , 19 <b>46</b> , to <b>Feb 20</b> , 19 <b>50</b> ; that I last saw the deceased alive on <b>Feb 20</b> , 19 <b>50</b> , and that death occurred at <b>3 A. m.</b> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                              |  |                                                                                     |  |
| 23a. SIGNATURE <b>J. F. Kimball</b> (Degree or title) <b>D. M. D.</b>                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 23b. ADDRESS <b>St. Joseph Mo. RR 4</b>                                                                                                      |  | 23c. DATE SIGNED <b>Feb 24 50</b>                                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                                                             |  | 24b. DATE <b>2-22-50</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Freeman Chapel</b>                                                                                     |  | 24d. LOCATION (City, town, or county) (State) <b>5 Mi. W. Stewartville, Mo.</b>     |  |
| DATE REC'D BY LOCAL REG. <b>Feb. 27, 1950</b>                                                                                                                                                                                                                                       |  | REGISTRAR'S SIGNATURE <b>E. B. Jenkins</b>                                                                                                                                                                                                                                                                                                                                                                                                  |  | FURNERAL DIRECTOR'S SIGNATURE <b>W. E. Summerfield</b>                                                                                       |  | ADDRESS <b>Stewartville Mo.</b>                                                     |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\*\*\*\*\*

Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

\*\*

Student .....  
Student Embalmer

Signed

*W. E. Immersified*

Licensed Embalmer No. 3007

P. O. Address Stewartsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.